



CAMPAIGN PLEDGE FORM

Enhancing Our Tradition, Empowering Our Future

I/We want to support the campaign objectives of West Virginia Wesleyan College with my/our gift support.

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

CellPhone: _____ E-Mail: _____

MY/OUR TOTAL OUTRIGHT GIFT FOR THE CAMPAIGN IS \$ _____

Total may include gifts/pledges made during a multi-year period (up to 5 years).
Please record estate & other deferred gifts on reverse side of this form.

Please designate my gift to the following:

- | | |
|---|--|
| \$ _____ Wesleyan Fund (Current Scholarship Fund) | \$ _____ Ross Field Multi-Purpose Stadium Renovation |
| \$ _____ Capital Improvements | \$ _____ Wesley Chapel Restoration |
| \$ _____ Residence Hall Improvements | \$ _____ Tennis Courts |
| \$ _____ Title III Endowment Match | |
| \$ _____ Other: _____ | |

Payment Method

_____ Full payment is enclosed.

_____ An initial payment of \$ _____ is enclosed.

Pledge amount \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Year to be paid 20__ 20__ 20__ 20__ 20__

_____ Other payment method: _____

Donor(s) signature(s) : _____

Date: _____

~continued on reverse side~

Matching Gifts

Many employers will match outright charitable donations made by their employees and/or employees' spouses.

My employer My spouse's employer will match my/our campaign gift.

My company's matching gift form is enclosed.

Matching Gift Company's Name _____

Planned Gifts

I/We realize the need for long term commitments to the growth and stability of West Virginia Wesleyan College, and we want to provide for the college in our future gift planning or estate plan in the following way(s):

- a. I/We have included/will include the College in our will.
- b. I/We want to establish a charitable remainder trust or charitable gift annuity that will provide income for us during our lifetime and then benefit West Virginia Wesleyan College.
- c. I/We have made the College the owner and/or beneficiary of a life insurance policy.
- d. Other (please describe) _____

I/We would like to designate our deferred gift(s) for the following program/facility need(s):

For your confidential records, we estimate our deferred gift and/or estate gift to be in the range of \$ _____

Donor(s) signature(s) : _____

Date: _____

*If you need additional information,
please contact the Advancement Office at (304) 473-8600.*